

Way to Grow Summer Sessions 2017 Summer Sessions Registration Information

Child's Name: _____ Gender: M / F
Date of Birth: _____ Age: _____
Home Address: _____ City: _____, Az
Parent/Guardian: _____ Email: _____
Phone Number (s): _____ (h) _____ (c)
Physical Restrictions (if any): _____
Allergies: _____
Medications: _____
Has your child ever had a seizure: Yes / No If "Yes" please explain: _____

Areas of Special Need: _____
Emergency Contact Name: _____ Relationship: _____
Phone Number (s): _____
Persons Authorized to Pick Child Up: _____

Please Note the following policies and procedures:

1. A non-refundable initial payment of one-half the balance is due with registration to reserve a space for your child. The balance must be paid in full on or before the first date of the session. No refunds are given for any reason after payment has been made, including absences due to illness or vacation.
2. Registrations will be considered on a first come, first serve basis. Way to Grow, LLC reserves the right to cancel the program due to insufficient enrollment (less than 4 children/session).
3. Additional charges apply for children that require 1:1 assistance, which may be determined before the program begins, or once the program is in progress.

Participation Authorization: I hereby approve participation of my child _____

In Way to Grow's Summer Sessions and give consent for emergency treatment for my child, if necessary. To the best of my knowledge, there are no physical or other conditions that will interfere with my child's participation.

Parent Signature

Date

**Way to Grow LLC assumes no liability for injury or damages arising from the result of participation in WTG's Summer Sessions.
Please complete forms and give them (or email them to) Tracy Knight: tracy.waytogrow@gmail.com